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TREATMENT OF LACERATION OF THE PERINÆUM.

BY PROFESSOR SCHUH, OF VIENNA.

Translated for the Boston Medical and Surgical Journal from the Union Médicale (from the Wiener Med. Wochenschrift).

RECENT ruptures of the perinæum heal easily, provided the sphincters of the anus are not implicated. Cleanliness and quiet are ordinarily sufficient, especially when aided by the lateral decubitus, the thighs being flexed. In case of mortification of the edges of the wound, we must wait until the sloughs are separated, when union may be effected by the suture. If cicatrization has taken place without union, the perinæum will have disappeared, and the labia will be retracted, because the sphincters of the anus having been torn from their insertion in front, preserve their posterior attachment, which is now the only remaining fixed point towards which all parts are drawn. At a certain height in the vagina, the walls of that canal and of the rectum are in contact; below, the anus and the vulva are separated by the length of the perinæum. A triangular space results from this condition of things, its base being formed by the perinæum, and its summit by the point of contact of the walls of the vagina and rectum. Hence rupture of the perinæum presents a particular form; below, there is a triangular surface on each side (derived from the rupture of the space we have just described), while above, the separation may be called linear, corresponding to the union of the two partitions. The latter may extend more or less high.

The operation employed by M. Schuh is not new, nor does it present any special peculiarity; but it is minutely described, as if written down at the operating table, and the celebrated professor, having, in fact, succeeded ten times in ten operations, is entitled to some authority in the case.

The woman is placed upon her back, in the position for the operation of lithotomy, the thighs and legs flexed and separated by a pillow placed between the knees. The operator commences by denuding the superior angle of the division, that is to say, the part formed by the union of the vaginal and rectal walls, by thrusting a

pointed bistoury above this angle, and dissecting from each side a small strip including the entire thickness of the cicatrix. These incisions extend to the summit of each lateral triangle. The parts to be divided are kept on the stretch by the left hand of the operator. The next step is to remove the cicatrix which forms the lateral triangles. The tissues being well stretched, the posterior border of one triangle is circumscribed by an incision commencing at the end of one of the preceding, and following exactly the rectal mucous membrane. This incision should terminate externally, four to six lines below the level of the anus. If a portion of the cicatrix still remains, not included in that to be removed, or if there is a prolapsus recti to be treated at the same time, the incision should be inclined still farther backwards, so as to fall from four to six lines below the anus. The same incision is to be made upon the vaginal mucous membrane of the triangle, care being taken to bring it well forward, so as to encroach upon the labium, in order that the new perineum may extend further forward than the old one, and the external orifice of the vulva be diminished. Lastly, the two outward extremities of these two incisions are to be united by a third, which extends along the base of the triangle. It is this which determines the length of the new perineum, which ought, immediately after the operation, greatly to exceed that of the normal one. Thus, the three sides of the lateral triangle are circumscribed by three incisions, commencing by the posterior, or rectal; next, the anterior, or vaginal; lastly, the inferior, or perineal. The same operation is to be repeated upon the other lateral triangle.

The second stage of the operation consists in removing the triangles circumscribed by the preceding incisions. Above, they are formed by the cicatrix; below, by the healthy skin of the internal part of the nates. This section should be made as evenly as possible. In the neighborhood of the anus, the layer to be removed will be thicker, so as to expose the muscular fibres of the sphincter. Observing the extent of the wounds, and placing them in contact by bringing the nates together, they appear much too large—it seems as if they would unite the nates to a very great extent. This, however, is necessary, for after a few weeks the cicatrix contracts to a surprising degree, and the perineum becomes much shortened.

The third stage, the coaptation of the parts, may be executed in different ways. If the rupture does not extend upward beyond the recto-vaginal triangle, the two lateral triangles touch at their superior angle, or, at most, there is a slight wound of the septum. In this case we proceed at once to insert the quilled suture. When the laceration has implicated to a certain length the recto-vaginal septum, we must begin by uniting this with two or three stitches as far as the place where the triangles commence. This may be done with common needles, and the extremities of the threads may be allowed to hang out of the vagina, care being taken to distinguish them apart, by making a knot in the first, two knots in the second, &c. *Serre nauds* may be used, to maintain the tension of the

thread, and the removal of the ligatures is thus rendered more easy.

Cicatrization is often facilitated by dividing the sphincter ani near the coccyx, in order to prevent the rupture of the newly-united tissues by the movement of the bowels. This plan, first recommended by Dr. Horner, was unwisely rejected by Dieffenbach. The section of the sphincter is not indispensable, but it is free from all objection, and is especially useful with patients affected with chronic diarrhoea, or who are liable to diarrhoea from slight causes. One of the operations of M. Schuh partly failed, on this account, and it became necessary to repeat it. This case suggested to M. Schuh, who was not aware that it had been already recommended by Dr. Horner, the idea of this modification of the operation. The sphincter must not be divided, when (which is rarely the case) a prolapse of the rectum also exists. The muscle is to be cut with a blunt-pointed bistoury, before the quilled suture is introduced, just as in the case of fissure of the anus. (Why not make a sub-cutaneous section?) If a fold of the rectal mucous membrane projects through the incision, the latter must be again united by ligature.

The quilled suture, the only one employed by Roux and Du-parcque, cannot be replaced by the simple suture, as Dieffenbach maintained. A very large needle is thrust in at a distance of half an inch to an inch outside the middle of the lower line of the triangle, and brought out at the upper angle, or near the last stitch, if any have been made. Having drawn it through (which is much facilitated by Dieffenbach's *porte-aguille*, if the triangle is very large), it is to be re-inserted into the superior angle of the other triangle, and made to pierce the skin of the opposite buttock, at the same distance from the edge of the wound as on the other side. A second thread is introduced in the same manner below, and a third above, the first; the two last, of course, do not reach to the upper angle, but enter about the middle of the rectal and vaginal sides of the triangle. The quilled suture is completed in the usual way, and drawn rather tightly, in order that the denuded surfaces may be exactly applied throughout their depth. Care should be taken that no fold of the mucous membrane of the rectum, which may, perhaps, be somewhat relaxed, slips between the edges of the wound; this should be ascertained by cautiously inserting the finger into the vagina after tightening the ligatures. In case of such an accident, we must try to push back the presenting part into the rectum, by means of a probe, and if it will not stay there, an additional stitch must be inserted at this place. If this manœuvre is too difficult, the threads of the quilled suture may be slackened.

Lastly, to bring together completely the edges of the skin, which always gape in places, as many stitches as are necessary may be made externally.

The consecutive treatment requires much care and attention. The patient should lie on each side by turns; the thighs and the legs must be moderately flexed, and a pillow placed between the

knees. There is only moderate fever, and the local inflammation is not sufficient to require cold applications. If there be retention of urine the catheter must be used; and in general it is well, though not indispensable, to draw off the urine, in order to prevent it from coming in contact with the wound. For the same reason, after the second day, injections of tepid water ought to be made into the vagina, several times daily. With these precautions, cicatrization will take place, notwithstanding the existence of leucorrhœa.

It is of the last importance that the patient should have no movement of the bowels before the eighth day. For this purpose the diet should be low, and opium should be given to those patients who are not habitually constipated.

The external sutures may be removed between the third and fifth day, the posterior ones one or two days later than the anterior, because it is very desirable to obtain an exact union of the sphincter. The stitches in the recto-vaginal septum ought to be removed with great precaution, unless the *serre nœud* has been employed. The extremity of the upper thread should be gently drawn, and a small director inserted under the knot, which can then be cut with a knife or scissors.

The quilled suture should not be removed before the sixth or seventh day. By that time large quantities of pus are discharged from the holes made by the needles, and also by the vagina. The cylinders being removed, if the union is not found to be complete, the wound and the vagina are to be carefully cleansed, and the cylinders re-applied, the same thread being used, *in situ*. If a separation of the wound is manifest one or two days after the removal of the suture, a new one should be applied, with two threads only, one of which ought to be inserted near the rectum. In this case, the needles should never be introduced into the old openings, and the edges of the wound should not be separated, which is the less necessary, as the needles need not be inserted so deeply as before.

When union is established, a movement of the bowels is to be obtained, on the eighth or ninth day, by means of castor oil, or the lenitive electuary, &c. The patient should avoid all efforts of expulsion, and if the faecal mass should be arrested some time at the anus, its removal should be assisted by a curette. From this time, an enema containing oil is to be given daily, and a more substantial diet may be allowed.

A recto-vaginal fistula sometimes remains, especially in cases of deep laceration; one of the sutures in the septum, or the middle thread of the quilled suture, that which includes the upper triangle, may have cut through the soft parts. Even if the opening be large enough to admit the end of the finger, we need not despair of a cure; cleanliness, tepid hip-baths three times daily, vaginal injections, and, if necessary, cauterizations with the nitrate of silver, will gradually bring about its obliteration.

## COMPOUND, COMMINUTED FRACTURE OF THE ELBOW-JOINT.

DR. S. B. SWETT, of Exeter, N. H., has communicated to us the following account :—

Mr. P—, of Durham, N. H., was thrown from a wagon, on the 25th of November, 1856, upon a heap of stones, striking his elbow with sufficient force to produce a compound, comminuted fracture of the joint. Dr. Folsom, of New Market, N. H., who was sent for, found two pieces broken from the olecranon, and that one was protruding through the integuments. Quite a "profuse haemorrhage" is reported as occurring. This continued, without cessation, by drops, the next day, when Dr. Swett was called in consultation. Dr. S. distinctly felt the two fractured pieces of the olecranon; one of them being nearly an inch above the natural position. Both pieces were distinctly movable, the rest of the ulna being fixed. There was but little swelling of the parts, and the nature of the injury was, therefore, easily determined. Dr. S. applied a pledget of lint to the wound, and a nine-tailed bandage pretty firmly around the arm, which was also confined by a splint in nearly a straight position. To the splint, a screw was attached, allowing the arm to be flexed when not easy in the straight position. A pint of blood was discharged, daily, from the wound, for five or six days, successively. Since the dressing the patient has had but very little pain. After the fourth day, he walked about his room with his arm resting upon a pillow. On the 27th of December, he rode five or six miles. There is, now, considerable motion of the elbow-joint, and a union, of some kind, of the fractured portions of the olecranon. It was the opinion of Dr. Swett, at first, that amputation would be necessary; and he does not remember any author who, in so severe an injury, does not advise it.

January 18th.—Dr. Swett writes that the patient came to Exeter on the 9th of January, and on examination of the arm it was found that he could flex it himself to a right angle. Dr. S. could feel the two fractured portions of the olecranon firmly united (probably by cartilaginous tissue) in the same position as when last examined. One portion was fixed about half an inch, and the other an inch, above the extremity of the ulna. There was neither pain nor soreness about the parts; no uneasiness was felt on flexion, and, to use the patient's words, "the arm was well."

[In very severe injury to the elbow-joint, precluding all hope of saving it, without operation, *excision* is advised instead of amputation. Great injury to this joint is not uncommon, as a consequence of violent blows or falls upon the elbow. Mr. Druitt mentions protracted disease of the joint as a frequent sequence. So, likewise, Mr. Fergusson has found "excision of the ends of the bones of this articulation" necessary on account of the supervention of inflammation and caries. He also says that amputation of the arm should never be resorted to, even in the most formidable cases, when there is any hope of saving the hand. Patients with the

same kind of fracture recover differently. The state of the constitution, and various circumstances, greatly modify the result. Occasionally, compound fractures, in this position, do nearly as well as simple ones. We consider the result, in Dr. Swett's case, so far as we can judge, a very favorable one.—**EDITORS.**]

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#### LIGATION OF THE SUBCLAVIAN ARTERY.

[Communicated for the Boston Medical and Surgical Journal.]

OCTOBER 23, 1854, I was called to see Samuel Wardwell, of Otisfield, a man of medium height, large bones and muscular, but lean, with a short neck, and high shoulders. He was 58 years old. Five weeks previous to my visit, he fell from a cart upon a pitchfork. One of the tines entered below the left nipple, and passing upwards under the pectoralis major, opened the subclavian artery near its outer portion. There was no bleeding from the puncture, but an immense extravasation under the skin and pectoral muscles, forming a tumor reaching from the sternum to the posterior border of the armpit, and from the clavicle to the lower edge of the pectoralis major. There was some tumefaction above the clavicle, occasioned by gas. The tumor was extremely hard, and on its outer part inflamed and thin. The shoulder was forced upwards greatly, and immovably fixed; the head being drawn over nearly in contact with it. He had great pain in the left arm, no appetite, and was too feeble to raise his head from the pillow.

October 24th.—Assisted by Drs. Barrows, of Fryeburg, and Tewksbury, of Portland, I proceeded to tie the vessel. Chloroform was given and the patient's head partially extended, but the shoulder could not be depressed at all. The first incision, commencing at the outer edge of the mastoid muscle, was carried to the trapezius, half an inch above the clavicle. The superficial fascia and platysma having been divided, the external jugular was seen in the middle of the wound, and was tied with two ligatures and divided between them. Two small arteries required the ligature. The dissection was continued with great caution. It was found necessary, the better to uncover the anterior scalenus and to get at the vessel, to divide the mastoideus to the extent of an inch. Neither the subclavian vein, nor the superior scapular artery, was exposed. The ligature was easily passed from without inwards, by means of a short curved needle, fastened to a handle by a screw. The depth at which the artery lay was two and a half inches. Two days afterwards the tumor was opened, emptied of its contents, and rinsed with warm water. It discharged freely for three weeks. With quinine, mineral acids, brandy, and such nourishment as he could take, the patient slowly regained his health and strength. Five days after the operation, a slight undulation could be felt in the radial artery, which was not increased when I last saw him, fourteen months afterwards. He had then a good degree of strength

in the arm, but the fingers were much shrunken and incapable of grasping objects with any force. The time occupied in the operation was forty-five minutes.

J. M. BLAKE.

Bridgeton, Me., Jan. 12, 1857.

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DEATH OF DR. PARIS, THE PRESIDENT OF THE COLLEGE  
OF PHYSICIANS, LONDON.

IT is with very sincere regret that we announce the death of this excellent and distinguished man, which occurred recently, in the 77th year of his age, at his residence in Dover street. Few men have run so long and at the same time so honorable a career. For half a century precisely, Dr. Paris had practised as a physician, and had risen to the very highest honors which it was in the power of his professional brethren to bestow. He was born at Cambridge on August 7th, in the year 1785, and at 22 years of age he was elected physician to the Westminster Hospital—a most distinguished honor for so young a man; and he continued in the active exercise of his professional duties until within a fortnight of his death. For fifty years, then—a considerable period even in the history of a nation—was the gentleman to whose memory we would fain offer a slight tribute of respect, actually engaged in the alleviation of suffering and in the relief of afflicted humanity.

To Dr. Paris, as is well known in the profession and to all persons more intimately acquainted with his career, the office of physician was no hireling's work, to be hurried through for the purpose of accumulating a fortune or earning distinction. It was the business and glory of his life. When but 14 years of age, he commenced his studies for the arduous profession on which he was about to enter, and followed them up with a zeal incredible in so young a person; when he had attained the ripe age of three-score years and ten, the old man, true to the resolution of the boy, voluntarily took upon himself the arduous duties of President of the Medical Council of the Board of Health, and with his own hand wrote the introductory report on the cholera of 1854.

His personal history may be dismissed in a few brief sentences. Born at Cambridge, as we have said, in 1785, he became a member of Caius College, in the University, and graduated when very young in medicine. Among his contemporaries he was distinguished for the extent and elegance of his classical attainments. The Classical Tripos was not then in existence, and so, independently of the exigencies of his medical degree, he had not at the University any opportunity for displaying that fine and intimate knowledge of the writers of antiquity for which he was afterwards so distinguished both in private life and as President of the College of Physicians. From Cambridge he went to Edinburgh, then remarkable as a school of medicine, and was the friend and intimate companion of the many celebrated men who, in the first years of the century, had congre-

gated in the Scottish capital. On his return to London, at the age of twenty-two, he was elected, as we before said, physician at the Westminster Hospital, but soon after vacated the appointment, as it was his wish to establish himself in the town of Penzance, in Cornwall.

During his residence at Penzance, Dr. Paris distinguished himself as the founder of the Royal Geological Society of Cornwall; this, we believe, was the first geological society in England. When at Penzance, too, he gave to the miners the great boon of the "tamping-bar," the instrument by which they are enabled to pursue their business amid inflammable gases without the fear of striking fire from the rock. By this simple, but admirable invention, Paris no doubt saved more lives than many heroes have destroyed. In the year 1810 he returned to London, and here for forty-five or forty-six years he was actively occupied as a practising physician. He was elected President of the College of Physicians in the year 1844, and this office he held until the hour of his death.

Dr. Paris was not only known as a physician of the highest eminence—he was as remarkable for his literary ability. The *Life of Sir Humphrey Davy* will ever remain one of the classical biographies of the English language. In connection with Mr. Fonblanche he also wrote the *Medical Jurisprudence*, which has remained a text book with lawyers until our own day. His works of a more professional character were his treatise *On Diet*, which first brought him into notice, and which was published at a very early age; his *Pharmacologia*, which has run through more editions than most books; and his work on medical chemistry. Besides these and many other acknowledged publications, his *Philosophy in Sport* has attained an enormous popularity, and with his life, the motive for an *incognito* which was never really maintained has altogether terminated. In so brief a notice as the one to which we are necessarily limited by considerations of space, we can say but little more.

The last ten days of Dr. Paris's life were spent in the midst of excruciating sufferings, which were borne with the most remarkable fortitude. His chief concern appeared to be to console and comfort those around him, who could ill disguise their grief at the impending and irreparable loss. His intellect remained to the last as clear as at any time of his life, and while power of speech remained nobody who listened to him could believe that the end was so near at hand. The public and the medical profession have suffered a great loss in the death of John Ayrton Paris, one of the most disinterested, honorable and able men who have ever practised the profession of medicine. The grief of his own family and of those whom he honored with his friendship is not matter of public concern, save in so far as it may serve to show how this wise and good man was honored and beloved by those who knew him best.—*London Standard.*

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 12th.—*Abscess of the Liver opening into the Right Lung.*—Case reported by Dr. JACKSON.

A man, 30 years of age, previously healthy, began to have very marked constitutional symptoms about the first of August, followed, in the course of a week, by pain in the right hypochondrium, but without any other local affection. Two months from the above date, and never before, cough, with expectoration and dyspnoea, began. A week later the expectoration became bloody, and had “the taste of old oysters;” but there never was any foetor, as in gangrene of the lung, nor was the breath ever fetid throughout his disease; several times he had raised a little clear blood.

On the 1st of November he entered the Massachusetts General Hospital, under the care of Dr. J., having recently come from Canada; in some parts of which country, as Dr. J. has been informed by a member of the present medical class at the college, abscess of the liver is not very rare. During his sickness, the patient had been mostly confined to the bed, and from 174 lbs. he was reduced to 126. He had had quite an urgent diarrhoea for the last five weeks, with anorexia; but this subsided at once on admission, and his appetite was good for the strongest food. From this time, the cough and expectoration were the chief symptoms. This last, Dr. J. said, was such as he had never before seen in any case of disease; in amount, it averaged, perhaps, a pint daily, and often very much exceeded this; it consisted mostly of mucus, though sometimes, and especially towards the last, this was more or less purulent; from first to last, it was always colored with blood, and this last so increased at one time that mineral astringents were used; the color, on the other hand, was sometimes, and in some parts, such as is seen in pneumonia. Pain about the chest and dyspnoea were marked towards the last, but were never very urgent; there were then, also, febrile symptoms, with an aphthous mouth and œdema of the feet. He was, however, generally comfortable under his disease, and was not wholly confined to his bed until a short time before death. Below the right scapula there was dulness on percussion, and very strong resonance of the voice; generally, a strong bronchial and sometimes cavernous respiration, with occasionally very little sound; very little râle, sometimes none at all, and never coarse—a remarkable circumstance, when considered in connection with the great amount of secretion which was being formed in the air-passages. Otherwise the physical signs were healthy. About a month before death the diarrhoea returned, but it was never very urgent or distressing; and yet, a most extensive ulceration was found throughout the large intestine.

In connection with the disease of the liver, it should be remarked that no yellowness of the skin or the eyes was ever observed.

On dissection, an abscess was found in the upper part of the right lobe of the *liver*, about five inches in diameter, perfectly defined, partially filled with thin, light-colored pus, and having some opaque lymph adhering to the inner surface. Several very small, and generally minute, deposits of pus were found in different parts of the liver; otherwise this organ was healthy, there certainly being no inflammation in any of the larger branches of the vena porta or hepatic veins. The lower lobe of the *right lung* was mostly occupied by a large cavity, which communicated freely through the dia-

phragm with the one in the liver, and contained the same sort of pus that was found in it, but no trace of any thing like what was expectorated during life. The remainder of this lobe was soft, greyish, ulcerated and disorganized throughout, the surface that bounded the large abscess being quite shreddy, but without any appearance of gangrene; the cavities, none of which were large, were filled with pus, as above described. The middle lobe was in a state of grey hepatization; but the upper lobe, as well as the whole of the *left lung*, were but little inflamed. The amount of pleurisy also was not great, except in immediate connection with the abscess.

The abundant and very peculiar expectoration during life was, of course, formed in the air passages, and yet the mucous surface presented no very unusual appearance.

Dr. J. alluded to the well-known fact, that, in the diarrhoea of warm climates, abscess of the liver had been found in connection with ulceration of the intestines; the abscess being regarded by some pathologists in the light of a purulent deposit, and connected with an inflammation of the mesenteric veins, as this last is with that of the intestines. The present case is interesting in this relation; the affection of the liver having, beyond question, preceded that of the intestine.

JAN. 12th.—*Encephaloid Disease of the Bladder.* Case reported by Dr. JACKSON.

A woman, aged 62, and previously healthy, entered the Massachusetts General Hospital Dec. 23d, under the care of Dr. J., and reported as follows. Two and a half years previously she had ridden 200 miles in the cars, in the course of nine hours, and within a few hours, if not immediately on her arrival, had haematuria; this symptom continued for three weeks. *Ardor urinae* was quite severe at first, but had not been present for the last three months. There had been also soreness, and a sense of weakness of late, about the hypogastrium; but very little if any marked pain ever in the bladder. There had been slight pain in the region of the kidneys for the last few days; also, incontinence of urine, complete during the night, for the last two months, and nearly so in the day. The urine had been pale and offensive for the last three months. The patient gave up work when the disease commenced, but was not confined to the house; and excepting the above, there was no other local trouble. She retained considerable flesh and strength, but was pale, and her complexion being naturally dark, she had the hue that is so often observed in cases of cancer. Dr. J. remarked that as this hue is often wanting in the latter disease, and is often enough met with in other cases, he was generally inclined to explain it as the effect of pallor upon a naturally dark complexion.

On examination, after her admission, the bladder was found to bulge into the vagina, and to have a thickened, fleshy, but not firm feel, as from a mass of soft vegetations, in its cavity. Dr. J. remarked that the result of a vaginal examination would in many cases be negative; but such a feel as there was in the present case, would be a very important diagnostic mark of disease of the bladder. The urine was sufficient in quantity, but was very pale, exceedingly offensive, contained a great deal of pus, and had the density only of 1.011; a catheter that was passed, became at once very deeply discolored.

Jan. 6th.—The patient became dull; and from the following day until the 10th, when she died, she was almost entirely unconscious, breathing about eight times in a minute, but without convulsion or any sign of distress.

On dissection, the *bladder* was found contracted, and a well-marked encephaloid growth arose from its inner surface, posteriorly, in the form of soft, luxuriant, polypiform vegetations; the disease was between two and three inches in extent, pretty well defined, and rose above the surrounding surface about one-half or two-thirds of an inch. Otherwise the bladder was healthy, excepting a discoloration of the inner surface, and a slight deposit, apparently from the urine. The corresponding surface of the *vagina* was perfectly healthy; and, as in the case of cancer of the womb, there was no cancerous disease in any other part of the body. There was some acute inflammation of one of the *kidneys*; and the *pelvis* and *ureter* of both were dilated. In the *head*, nothing was found but a little serous effusion.

Dr. J. remarked upon the long journey, as an exciting cause of the disease; upon the occurrence of haemorrhage as the first symptom, as it sometimes is in phthisis; upon the very mild character of the symptoms, considering the usual irritability of the bladder; and upon the mode of death, the patient dying as she might have died in Bright's disease, and in connection with which the low specific gravity of the urine is to be remembered.

JAN. 12th.—*Phlegmonous Erysipelas affecting the whole Leg; the suppuration being confined to clusters of Varicose Veins.* Dr. SALTER reported the case.

Mrs. P. M., about 50 years of age, was visited by Dr. S., Oct. 23d, 1856. She had erysipelas of the right leg. The affection had advanced considerably, this being the third day of the attack. There was great swelling; deep redness of the skin, which did not disappear readily on pressure; considerable vesication at the lower part of the leg, and a deep-seated, tensive and throbbing pain at different points of the leg. Her general health had usually been good. She had been a great sufferer for several years from varicose veins of the lower extremities, especially of the right leg—caused, as she supposed, by child-bearing. She had for several months previous to the attack of erysipelas, superficial varicose ulcers on the inside of the right leg, just above the ankle, attended with considerable aching pain, and otherwise producing a good deal of inconvenience. She attributed the present attack to exposure to wet and cold—the affection beginning near to, and involving these ulcers. On the 30th, Dr. S. opened a large abscess which was most prominent, at about one third of the distance from the knee to the foot, and on the front aspect of the limb. A large quantity of thin, purulent matter was discharged, followed, after a little time, by a mixture of grumous blood. This abscess was found to communicate with one formed near the ham, where was a large cluster of varices, subsequently entirely obliterated. Besides these, there were six other abscesses on the leg and three upon the inside of the thigh. Those formed on the thigh were independent of any erysipelatous affection of the skin of the thigh, the erysipelas not having extended higher up than the ham. All these abscesses, excepting the two first, were confined to the dimensions of the clusters of varicose pouches. On being opened, they discharged a mixture of pus and grumous blood.

The process of restoration was slow, but when completely healed it was found that nearly all the varices of the leg and thigh were obliterated, and the woman was entirely relieved of the distressing pain and inconvenience which she had previously experienced. The skin of the leg was of a blueish color for nearly a month after the healing of the abscesses, and was very tight—probably adherent to the subjacent parts. The blueish color entirely disappeared at length; but the tightness of the skin remained.

JAN. 12th.—*Aneurism of the ascending portion and arch of the Aorta; Absorption of parts of the Sternum and Ribs; Death; Autopsy.*—Dr. ELLIS showed the specimen and reported the case.

The patient, a widow, 46 years of age, had been, for a short time, under the care of Dr. Salter, from whom the following facts were obtained.

She had always enjoyed good health previous to 1841, when she was confined to her bed two or three months with acute rheumatism, and since that time had suffered much with rheumatic pain and swelling in various parts of the body; dyspnoea on exerting herself in any unusual manner; and palpitation of the heart—the latter being at first an occasional symptom, but very troublesome during the last two and a half years. The right arm had, for more than two years, been so far paralyzed as to be almost useless.

Nine weeks before her death, there was noticed, at the upper part of the chest, a pulsating tumor, which rapidly increased, so that on Jan. 4th it measured, transversely, six inches, vertically five inches; on the 6th, seven by five and a half inches; and on Jan. 10th, seven and a half by six and a half inches.

At the first examination, on Jan. 4th, the pulse was 100, and varied much in fulness, strength, regularity, and occasionally in frequency, especially when pressure was made over the tumor. The impulse of the heart was very feeble and the sounds indistinct, although two were heard precisely alike and unattended by a souffle. Over the tumor, however, the sounds were distinct. On the day before her death, a bellows murmur was detected just above the cardiac region. The examination was necessarily imperfect, as the slightest pressure caused great cough and dyspnoea. A distressing cough, and a frequent sense of suffocation, were constant symptoms. She spoke in an undertone, and with more or less difficulty.

Notwithstanding the rapid growth of the tumor and the dyspnoea caused by exertion, she was able to work and maintain herself until six weeks before death, and then, though incapacitated for labor, for several weeks continued to walk out. During the last fortnight, however, she was confined to her bed, in an upright position, and mostly deprived of sleep. Towards the close, there was much suffering, but she remained perfectly conscious until a few hours before her death.

At the autopsy the skin was not discolored above the tumor, which had become less tense, so that the eroded extremity of the ribs and sternum could be felt. On reflecting the skin, the tumor was seen to rise *externally* above and behind the right clavicle, as high as the lower edge of the larynx; below, it reached a point in the sternum, just above the second rib; laterally it extended to the left as far as the junction of the second rib and cartilage, and to the right somewhat farther outward. *Within the cavity of the chest* it filled the entire space between the first ribs, and, gradually diminishing in size, extended downward to a point in the sternum, on a level with the third rib. Anteriorly, it projected from an inch and a half to two inches above the surrounding surface, the pectoral muscles at the most salient points being of a blackish color and very thin. At one point, within, just below the first rib on the right side, the same blackish discoloration was seen.

The *aorta* was dilated immediately above the valves, and gradually expanded into the immense sac filling the space above described, the ascending portion and arch being involved. The vessel was, on its inner surface, wrinkled and ætheromatous. It formed the posterior wall of the aneurism,

the anterior wall consisting of the eroded inner surface of the sternum and the expanded pectoral muscles. The cavity contained much coagulated blood, both old and recent; the former granular, and of a dull-red color, occupying those parts farthest removed from the circulating blood.

The *oesophagus*, *trachea* and *bronchi* were, internally, normal. The *brachio-cephalic trunks*, on both sides, lay beneath the tumor, and were pervious, although the *right subclavian artery* was flattened.

The *cartilages* and *bony structure* of the anterior wall of the chest, comprised within the external boundaries of the aneurism, had entirely disappeared. The upper part of the *sternum* being destroyed, the inner extremities of the *clavicles* were quite movable, being attached only to the soft parts, the right lying somewhat higher than the left. The exposed surfaces of bone, where examined, were covered with a thin pellicle, though to the feel they seemed perfectly denuded.

The *heart*, viewed in connection with the size of the body, was, perhaps, somewhat enlarged, but, in other respects, not remarkable.

At the upper part of the *right lung* was considerable tubercular matter and a number of cavities, the largest of them an inch or more in diameter, and smeared on the inner surface with a thick yellowish substance. The remainder of this and the other lung were quite œdematosus, but otherwise normal.

Both *Fallopian tubes* were adherent to the posterior part of the uterus, and much distended by clear serum.

The other organs were sufficiently normal.

[A case of aneurism of the arch of the aorta in which the sternum was absorbed, was reported to the Society by Dr. Perry, in 1841. The patient was presented at the Society, in December of that year, the aneurismal tumor at that time projecting through the sternum. He was 39 years of age, a laborer, and born in England. He had enjoyed good health till within the ten previous years. Before that time he had been intemperate; his habits since, however, had been regular. Seven years before, he suffered from a severe attack resembling asthma. He had cough, dyspnoea, occasional pain, but no expectoration. This lasted two or three weeks. For the six previous years he had been subject to one or two such paroxysms every year, with pains through the left shoulder, like rheumatism. He had had much cough, constant dyspnoea, and considerable hoarseness. About two years before, a prominence was observed at the upper part of the sternum, which had been constantly increasing until that time, when it stood out, a tumor one half as large as the fist, projecting two or three inches from the sternum. This bone had been absorbed. The tumor was conical in shape, and at its apex was discolored like an abscess that is about to break. The man formerly wore a plate over it to protect it, but latterly had left it entirely exposed. He stated that he went about freely, but was obliged to move slowly. Since the bone had become absorbed, he had suffered no pain.

In August of the following year the patient died, and the results of the *post-mortem* examination were reported to the Society by Dr. Perry. Dr. P. stated that the patient, since seen by the Society in December, had been able to attend to his duties and keep about as usual, till within three weeks, suffering little from dyspnoea, except on unusual exertion. About three weeks previous to his death, the skin at the apex of the tumor began to give way and to assume a gangrenous appearance. In a fortnight after, one spot sloughed, and exposed the fibrine which was deposited upon the inside of the sac, so that it could be distinctly seen. There was a slight haemor-

rage, which was checked by the application of a handkerchief. Three days after there was another haemorrhage, which was checked by the application of cloths wrung out in ice water. The next time it occurred, instant death ensued.

At the autopsy, the aneurism was found to be at the arch of the aorta, anterior to the vessels there given off. The orifice was oval and perfectly well defined. The sac was about as large as the fist, and filled with fibrine. It had almost obliterated the upper bone of the sternum. There was another smaller aneurism just below the arch, which was slightly adherent to the left lung, and to three of the vertebrae. The aorta was dilated between the heart and the aneurism, and diseased in its coats; below, it was rather small. The heart was small, and the left ventricle quite thin.—*SECRETARY.*

### **Bibliographical Notices.**

*Lecture introductory to the Course of Institutes and Practice of Medicine in the Medical College of the State of South Carolina.* By SAMUEL HENRY DICKSON, M.D., LL.D. Charleston: Walker, Evans & Co. Pp. 19.

In this Address, the author has set before the medical class a vivid portraiture of what the physician should be. Already well known as a teacher and writer, Dr. Dickson is, on the ground of long and varied experience, well suited to impress beginners with the importance and extent of a thorough medical course; whilst more advanced practitioners may listen to him with respect and advantage.

The eloquent strain in which he sets forth the "usefulness, beneficence, sublime self-sacrifice and expansive intelligence" of the "true physician," is worthy of the speaker and the subject. He alludes to the brave conduct of the physicians at Norfolk, during the late pestilence, as worthy of far higher praise than the rash charge at Balaklava, under an order which "some one had blundered." There are countless instances on record, too, of heroic self-devotion and conscientious discharge of duty by medical men, which, from not being as prominent in execution, are always unheralded by the voice of Fame, or graced by the tribute of posthumous gratitude. Nor does the high-minded physician either seek or expect such returns for his labors. Having chosen his profession, he looks only to the performance of its requisitions in the best way; no less, however, does his course deserve recognition and approval, than the marked instances which occasionally force themselves upon public attention.

Constant diligence in the acquisition of knowledge, and that not exclusively medical, is urged by the writer of this excellent lecture. Familiarity with the best authors in one's own language, and an ability to express oneself well in it, he justly observes, is highly important. "Master your own glorious tongue, the language of Milton and Shakspeare and Bacon—of Sydenham and Cullen and Rush." We echo this sentiment, and must say that we too often have occasion to wish the advice it contains were more widely regarded. Doubtless most journalists can join us in this feeling. We will be satisfied, however, with attainments in composition far short of the standard authorities cited. In these days of dictionaries it is marvellous how much bad spelling one encounters. What a capital thing a Dictionary Society would be, to supply the needy!

Dr. Dickson plainly states the exacting nature of medical science at the present day. All its departments are crowded with new revelations. None are equal to the fulfilment of its multiform requisitions.

The necessity of the "sound body" as well as the "sound mind," is well represented by the writer at page 11. All the senses should be in good condition, in order to the best appreciation of the signs and symptoms of disease; and, as he goes on to say, the senses, if perfect, should be cultivated and trained. The practitioner must learn "how to observe." Carelessness in any point may involve the most serious consequences. (P. 11.) "He is not permitted, during the performance of his duties, to indulge in one moment's abstraction or absence of mind; it may cost his patient's life, or his reputation."

Self-reliance is recommended to the physician, and with reason; a vacillating mind and a timorous character are unfit elements for the practice of our difficult art. The injunction by Dr. Dickson to exercise a proper *scepticism* in regard to our own and other's observations, is certainly judicious. Whilst the larger share of our incredulity rightly attaches to our own conclusions, we may properly put those of others to the test. Were this oftener done we should not, as Dr. Dickson, partly quoting Cullen, says—be "overwhelmed all the while with false facts."

We have pleasant testimony borne by the author of these few pages, to the keen sensibility and strong attachment of medical men. He repudiates the popular notion that our pursuits tend "to harden the heart; to annul the sensibility." There is proof enough, every day, of the falsity of such opinions, and we believe many can join in the following sentence: "My old medical friends, upon whose heads, as upon mine, time has strown his ashes, are all of them like the Douglas of Scottish poetry—'tender and true.'"

Courtesy and truthfulness, the observation of professional secrecy, *i.e.*, the keeping of the secrets of patients, are next inculcated. The cultivation of social qualities is, says Dr. D., essential to the physician who would attain high excellence. "Without a wide and familiar acquaintance with affairs about him, including all topics of local and general interest, he cannot fill the office of confidential friend and adviser of his family patients—a function belonging of necessity to the profession."

We cannot but quote one other sentence, since it adds the weight of distinguished influence to an assertion which many persons both in and out of the profession have doubted, viz.: that the pursuit of certain scientific branches, not positively within the pale of medical investigation, is not only compatible with, but absolutely aids in, the acquisition of skill in the art of healing. Dr. Dickson says, "it has been said of the Law, that it 'is a jealous mistress, allowing no attention to any rival.' Not so—thank Heaven! with Medicine, so inseparably associated in its progress with that of every other science and every art, that he cultivates best her wide field who has explored most extensively every domain of human intelligence."

The lecture closures with an appropriate warning against the temptations to impropriety and excess which throng the avenues and more secret haunts of a large city.

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*Synopsis of Lectures on Ophthalmology.* By WILLIAM MACKENZIE, M.D.,  
Glasgow, Scotland.

We have received from the author, a pamphlet containing the outlines of a course of lectures on Ophthalmology, to which is prefixed

a discourse on the causes which have rendered the eye an object of special study. The distinguished abilities of the author assert themselves in this brief, but conclusive, argument. He proves that the eye and its diseases deserve the most earnest attention, because the organ presents peculiarities which are not to be found and cannot be studied elsewhere in the system, and without a knowledge of which no amount of general experience will ensure the successful treatment of the cases which must come under the care of every physician.

Though the eye contains such textures, and exhibits such diseases, as are found in other parts of the body, yet the arrangement, the design, and the function of these parts, in forming an organ of vision, are wholly peculiar. The diagnosis of these diseases, their prognosis and treatment, cannot be inferred from a knowledge of general pathology. They must be studied in the eye, by the eye. But their careful study is rewarded by a most ample measure of success.

Dr. Mackenzie exhibits, also, the value of the study of these diseases, as a means of illustrating general pathology, from the unparalleled opportunity afforded, by the transparency of the eye, for observing all the phenomena of morbid processes. He believes, not only that the oculist should be a skilful physician, competent to treat the various constitutional conditions by which so many of the diseases of the eye are modified; but that the nature and treatment of all other diseases will be vastly better understood by studying those of the eye.

W.

*Introductory Lecture before the Medical Class of 1856-57 of Harvard University.* By EDWARD H. CLARKE, M.D., Professor of Materia Medica. Boston: David Clapp. 1856. Pp. 28.

An excellent common sense statement, of the truth, recognized by the best physicians of the present day, viz., that the curative power of drugs is very limited. The want of candor on the part of physicians in stating this truth, and the mystery which has in consequence been permitted, if not encouraged, in relation to the whole subject, we hold to be one of the chief causes of that want of faith in doctors, which a certain class in every community are afflicted with. This is a disease which is not to be cured by ridicule, by official denunciation, by non-intercourse, or any form of medical legislation, but rather by inculcating the doctrine that *nature* cures, while our mission is to watch its action, checking or increasing the same as may be necessary, by the use of appropriate medicinal substances. This is their place, and we may well endorse the statement of our author that "in their place they are of *inestimable* value."

All this is clearly, though very concisely stated in the pamphlet before us, and we wish it could be more generally seen by the non-professional community.

G. H. L.

*The Physician's Prescription Book, containing a List of Terms, Phrases, Contractions, and Abbreviations used in Prescriptions, with Explanatory Notes, &c. &c.* By JONATHAN PEREIRA, M.D., F.R.S. Second American, from the Twelfth London Edition. Philadelphia: Lindsay & Blakiston. 1857.

THIS convenient little *vade-mecum* should be in the hands of every physician. The most learned will find something which has escaped them, the most ignorant are taught in such a way that they cannot fail to understand. We heartily wish that some of our correspondents were possessed of the

book, that they might save us the labor of deciphering their barbarous prescriptions. It is, in fact, a complete *pony* to medical latin, furnishing a translation of the terms used in writing prescriptions, as well as all the directions relating to blood-letting, the extraction of teeth, the application of blisters, the symptoms of disease, to food, to instruments, &c. &c., and, in fact, supplying all the Latin which a medical man needs to enable him to write his directions or his notes in that language. Besides the translations, the grammatical construction, and the rules of syntax, so far as they are required, are given.

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**THE BOSTON MEDICAL AND SURGICAL JOURNAL.**

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**BOSTON, JANUARY 29, 1857.**

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**MISTAKES IN DISPENSING MEDICINES.**

A RECENT fatal catastrophe in Baltimore—the death of a patient from poison, in consequence of a mistake on the part of an apothecary in preparing a prescription, and the death of the apothecary himself, who, with a rash confidence in his own infallibility, attempted to prove the innocence of the compound by swallowing a portion of it—is only one of a number of similar accidents which have occurred of late. We can recall two such instances which happened within a few years in this city, in which life was destroyed, in consequence of such mistakes—in one case by corrosive sublimate, which was dispensed instead of calomel; in the other by laudanum, delivered to the purchaser instead of tincture of rhubarb. Doubtless other cases of mistakes have occurred, which are not generally known because the results have not been fatal. The question naturally occurs, whether these accidents are owing to any particular cause, and whether that cause can be obviated, so as to render the community secure against their repetition.

We may observe, in the first place, that no amount of precaution will insure absolute security against accidents. In every profession which demands skill and prudence in its exercise, the most careful persons will occasionally commit the most unaccountable blunders; but if such instances are exceptions to the rule, and not to be anticipated by any precautions, this is not true of a large number of the cases in which fatal results have followed the mistakes of apothecaries; they have mostly been the result of carelessness or incapacity. We fear that a comparatively small number of the apothecaries in this country have received a careful education in pharmacy, and hardly any have passed through a long and complete course of study, such as is required in France, for instance, of every person before receiving a license to compound and sell medicines. It is too often the case that a young man, after passing a longer or shorter time behind the counter of a drug-store, where he is perhaps as much occupied in selling soda-water and fancy articles as in compounding medicines, sets up in business on his own account, with a very imperfect acquaintance with everything relating to his art beyond the most common operations of pharmacy.

Among other reasons for this state of things, there are two, we think, which are especially obvious. The first is the extraordinary extent to which quack medicines are used in this country, and the enormous profit made by the sale of them. So strong is the temptation to engage in this lucrative

business, that there are few apothecaries who wholly abstain from it, while many, especially in small towns, neglect their regular business for one which pays so large a profit. So long as the public continues to encourage this deleterious trade, it must not be expected that young men will be willing to devote years to acquiring a thorough knowledge of the art of pharmacy, which yields but a small profit compared with that resulting from the sale of advertised nostrums.

The other cause to which we allude, of the incompetency which too often exists among apothecaries, is the unwillingness of the public to pay a remunerative price for good medicines. We often hear complaints of the enormous profits made by druggists on their medicines, and patients frequently prefer paying a lower price for an inferior article rather than a fair price for a good one, forgetting that it would be better to dispense with the drug altogether. The details of an apothecary's business are immense; and when we consider the education he ought to have, the thorough knowledge of his business he should possess, and the number of competent assistants he requires in order to discharge conscientiously the obligations of his profession, and the small amount of each sale, it will be seen that unless a large profit be made on each article the business cannot be remunerative. The public should look well to these things, and if they wish to be protected from dangerous mistakes, should give encouragement to well-educated and competent apothecaries.

#### CORONERS' BILLS AND MEDICAL CORONERS.

WE have before us a report of a Committee of the City Council on this subject, which appears to have been made for the purpose of arresting the rapid and alleged unnecessary increase of expense, in this department, to the city treasury. The report gives in detail the aggregate amounts which have been paid to coroners, their jurors, medical examiners and witnesses, the past five years. The figures show an actual increase from an annual expense of about twelve hundred dollars, to an amount of about eight thousand the past year; and unless some good reasons can be given, or some proportionately valuable results can be shown, as we suppose there can, the Committee have perhaps some reasonable cause of complaint.

The remarks of the Committee bear rather severely, we think, especially on the *medical* coroners, who are charged with making, or causing to be made, too many "autopsys," as Mr. Wightman spells it, and with favoritism towards themselves and one or two other persons in the selection of those who make them. They also think that the expenses would be much reduced if the medical coroner would, in a larger number of cases, himself judge and determine them without calling a jury or the aid of another physician.

We think the Committee erroneously attribute the great increase of expenditure to the fact that *medical* men have been made coroners. We do not feel the force of this charge, because, upon grounds which are very well stated by the report itself, there are many occasions in which, if the duties are properly performed, expense might naturally be avoided, but none in which they would necessarily be increased. Indeed, the table of the Committee does not prove any increase in the *number* of autopsies; for, although the sum paid for this service is now much larger than formerly, it is only because physicians are now paid for what used to be done gratuitously; and the profession are under obligation to the present Attorney-General, and the late District Attorney, Hon. S. D. Parker, we believe, for the passage of a

law which for the first time *permitted* the "coroners to pay such bills as were approved by either of the Justices of the Supreme Court or the Attorney-General." It was, in our opinion, a very proper recognition by the Legislature of the value of services which are always important, and sometimes indispensable, in the administration of public justice.

If, however, abuses have been suffered to interfere with the practical operation of a good law, or to endanger its repeal, we hope that the proper correctives will be applied in the right quarter, and that the practices under it will, for the future, be such as to satisfy the government, the profession and the public.

*Boston Dispensary.*—The Superintendent has furnished us with the following summary of the number of patients treated at the Central Office and in the Districts for the quarter ending January 1, 1857:

Medical Service—Males,	76
Females,	159
Children,	116
	351
Surgical Service—Males,	51
Females,	74
Children,	56
	181
Whole number treated at the Central Office,	532
Treated in Districts—Males,	213
Females,	416
Children,	437
	1066
Results in the Districts—Discharged cured or relieved,	960
Removed to Hospital,	22
Not relieved,	1
Died,	40
Remaining under treatment,	43
Whole number treated in the Districts,	1066
Whole number treated at Central Office and in Districts,	1598

*Health of the City.*—We regret to have to report another rise in the mortality from scarlatina during the last week, 29 deaths having been reported in place of 21 of the previous week. The severe weather, perhaps, in some measure accounts for this increase, by its effects on convalescents who are carelessly exposed to it, and also by favoring the congregation of children, and thereby increasing the danger of contagion. The evils of imperfect ventilation and of want of cleanliness also are greatly increased by the extremely low temperature, and cannot fail to have an unfavorable effect on the epidemic. We observe that 21 deaths from consumption were reported; 4 from pneumonia, and 4 from croup. During the corresponding week of 1856, the total number of deaths was 73, of which 13 were from consumption, 11 from pneumonia, and 1 each from scarlatina and croup.

*MARRIED.*—In Bethel, Conn., Jan. 14th, Elijah Gregory, M.D., of Lenox, Mass., to Miss Josephine E. Shepard.

*Deaths in Boston* for the week ending Saturday noon, Jan. 24th, 85. Males, 50—females, 35. Apoplexy, 1—inflammation of the bowels, 1—bronchitis, 1—congestion of the brain, 1—consumption, 21—convulsions, 3—croup, 4—dropsy in the head, 3—infantile diseases, 2—puerperal, 2—erysipelas, 1—scarlet fever, 29—gravel, 1—haemorrhage, 1—intemperance, 1—inflammation of the lungs, 4—marasmus, 1—palsy, 2—pleurisy, 1—inflammation of the stomach, 1—teething, 2—unknown, 2.

Under 5 years, 47—between 5 and 20 years, 8—between 20 and 40 years, 17—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 68—Ireland, 11—England, 2—British Provinces, 4.

*Medical Institution of Yale College.—Annual Examination, 1857.*—The Board of Examiners convened Jan. 14th, and continued in session two days.

Present, on the part of the Connecticut Medical Society, Benjamin H. Catlin, M.D., of Meriden, *President*; Wm. W. Welch, M.D., of Norfolk, Charles Woodward, M.D., of Middletown, and A. T. Douglass, M.D., of Groton; and on the part of Yale College, Professors J. Knight, C. Hooker, H. Bronson, W. Hooker, B. Silliman, Jr., and P. A. Jewett.

Eleven candidates submitted their dissertations, and, after examination, were recommended for the degree of Doctor in Medicine—viz:

1. Asa Hopkins Churchill, New Haven—on “Fractures.”
2. George Clary, B.A., Dartmouth, 1852, Hartford—on “The progress and prospects of medical science.”
3. Cortlandt Van Rensselaer Creed, New Haven—on “The blood.”
4. David Anson Hedges, Bridgehampton, L. I.—on “Tetanus.”
5. John Worthington Hooker, B.A., 1854, New Haven—the Valedictory Address.
6. Charles Roe Osborne, B.A., Hampd. and Sidn. Col., 1852, New York city—on “The connection between mind and body in disease.”
7. Homer L. Parsons, Branford—on “Rheumatism and rheumatic pericarditis.”
8. Ozias Willard Peck, New Haven—on “Apoplexy.”
9. Ezra Smith, Willseyville, N. Y.—on “Pneumonia.”
10. John Witter, North Woodstock—on “The causes of error in medicine.”
11. Samuel Russel Wooster, Birmingham—on “Correct diagnosis, the true basis of therapeutics.”

Archibald T. Douglass, M.D., of Groton, and Samuel W. Gold, M.D., of Cornwall, were appointed to give the annual addresses to the candidates in 1858 and 1859.

The President, Benjamin H. Catlin, M.D., was appointed to report the proceedings of the Board to President and Fellows of the Connecticut Medical Society.

At the close of the examination, the Medical Commencement was held in the College Chapel, on Thursday evening, Jan. 15th. The Valedictory Address was given by Dr. John W. Hooker, of the graduating class; and the annual address to the candidates, by the Hon. William W. Welch, M.D., of the Board of Examiners; after which, the Degrees were conferred by President Woolsey.

The Board of Examiners adjourned to meet July 28th, the Tuesday before the Commencement in Yale College.

CHAS. HOOKER, Sec'y.

*Camphor as an Antidote to Strychnia.*—We notice in the *Charleston Medical Journal* a communication from Dr. G. W. ARNETT, of Pineville, La., to the effect that he had administered camphor with success in several cases of poisoning by strychnia. In one, he gave two ounces of a saturated tincture of camphor in whiskey. In fifteen minutes the symptoms began to decline. A second dose was given in thirty minutes, with the same result. In two hours there were no unfavorable symptoms remaining. The patient had been vomited before he was seen by Dr. Arnett. The amount of strychnia taken is not stated, nor indeed is it said that the drug had been taken at all, though this is inferred.

Dr. WISELL, of Cheeha, S. C., says (in the *Charleston Medical Journal*), that whooping cough is a very fatal disease among young negroes, who die in the proportion of 1 out of 4, in summer. At that season, children residing in a malarious district are extremely liable to infantile remittent fever; and when sick of the one disorder and attacked by the other, they readily sink under the combination. He praises the use of nitric acid, for this complaint, as recommended by Dr. Mc Nelly, of Tennessee, sweetened and diluted, so as to resemble lemonade, and given *ad libitum*.

*Amputation at the Hip-joint.*—Dr. GEO. C. BLACKMAN, Prof. of Surgery in the Medical College of Ohio, performed this operation in November, 1855. The operation was that by the anterior and posterior flaps, and was completed in thirty seconds. The patient recovered, and was doing well 54 weeks afterwards.

A man, named Thomas C. Carter, recently died in Tennessee, after having attained the weight of 527 pounds.

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